Enclosure 4: EMT-PARAMEDIC COURSE STATEMENT OF UNDERSTANDING

DATE:	COURSE #:	INSTRUCTOR:	
EMT-PARAMEDIC	TRAINING INSTITUTION:		

<u>INITIAL EMT-PARAMEDIC CANDIDATES</u>: MUST TAKE THE NATIONAL REGISTRY EXAMINATION

- 1. I VERIFY THAT I AM SC certified EMT-Basic or EMT-Intermediate with six months experience OR I have written permission from DHEC to be in this course.
- 2. I UNDERSTAND THAT I WILL BE REMOVED FROM THE COURSE IF MY CURRENT CERTIFICATION EXPIRES PRIOR TO THE LAST CLASS DAY.
- I understand that I may miss 10% of the total **classroom** hours for any reason. I also understand that under extenuating circumstances, the **program coordinator** may allow me to miss **up to a total** of 20% of the total classroom hours. I understand that I must document (**in writing**) to the program coordinator's satisfaction, the extenuating circumstance. **The program coordinator is under NO obligation to accept my documentation or extend me the additional 10% in allotted absences.** I understand that arriving to class late or leaving class early counts toward my allotted hours of time missed. I understand that **all** work missed must be made up at the convenience of and to the satisfaction of my instructor **before** completion of the last class. I understand that the make up of the work missed will **not** erase the hours of absences. I understand that once I have exceeded my hours of absences, I **will** be terminated from the course and will **not** be eligible to attempt the National Registry or state certification examination.

REFRESHER EMT-PARAMEDIC CANDIDATES: (Any Candidate may take an EMT-P refresher at any time to fulfil National Registry requirements)

- 1. I understand that I may **not** enroll in an EMT-Paramedic refresher course (for the purpose of recertification of my state paramedic certificate) **before** the last twelve (12) months of my SC certification for the purpose of SC recertification.
- 2. I understand that I may **not** enroll in an EMT-Paramedic refresher course unless **I am** or **have previously been a SC certified EMT-PARAMEDIC** or **I have written permission from SC DHEC.**

INSTRUCTOR NOTE: PLEASE ATTACH THE CANDIDATE'S LETTER OF PERMISSION TO ENROLL IN AN EMT-PARAMEDIC REFRESHER COURSE TO THE BLUE APPLICATION CARD.

I understand that I may miss 10% (5 hours) of the total classroom hours for any reason. I also understand that under extenuating circumstances, the **program coordinator** may allow me to miss **up to a total** of 20% (10 hours) of the total classroom hours. I understand that I must document (**in writing**) to the program coordinator's satisfaction, the extenuating circumstance. **The program coordinator is under NO obligation to accept my documentation or extend me the additional 10% in allotted absences.** I understand that arriving to class late or leaving class early counts toward my allotted hours of time missed. I understand that **all** work missed must be made up at the convenience of and to the satisfaction of my instructor **before** completion of the last class. I understand that the make up of the work missed will **not** erase the hours of absences. I understand that once I have exceeded my hours of absences, I **will** be terminated from the course and will **not** be eligible to attempt the state certification examination.

EMT CANDIDATE NAME PLEASE PRINT	SOCIAL SECURITY NUMBER Do NOT leave blank								SC EMT CERTIFICATION # (Refreshers only)					EMT CANDIDATE SIGNATURE
1														
2														
3														
4														
5														

EMT CANDIDATE NAME PLEASE PRINT	SOCIAL SECURITY NUMBER Do NOT leave blank								SC EMT CERTIFICATION # (Refreshers only)					EMT CANDIDATE SIGNATURE
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I verify that the above referenced class candidates have read and been provided with satisfactory explanations and discussions in regards to course eligibility and attendance requirements. I have witnessed all signatures and verified the status of all candidates. All policies will be enforced.

INSTRUCTOR SIGNATURE / DATE:

This form is to be completed at the **first** class meeting and must be **received** by DHEC within 10 days from the first class meeting. (Use additional forms classes greater than 24)

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